

ROUTING SLIP FOR INVOICES

DATE June 12, 2018 CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE April 2018 Supp

TO Shropshire

INITIAL REVIEW NS

DATE 06/21/18

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 DS

DATE 6/26/18

POSTED TO SPREADSHEET 06/21/18

SENT TO FISCAL _____ EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? 06/27/18

COMMENTS:

- 1) Workers Comp. was not reimbursed as part of Fringes on the April 2018 Supp Inv.
- 2) Postage was not reimbursed to Isthmian Branch Post Office on the April 2018 Supp Invoice.
- 3) Auditor was not reimbursed on the April 2018 Invoice
- 4) Adjusted Workers Comp total from \$1530.44 to \$1530.43

Norman Shropshire

From: Norman Shropshire
Sent: Tuesday, June 26, 2018 3:19 PM
To: 'barbarat@family-values.org'
Cc: 'latoshai@fvri.org'; 'talishad@fvri.org'; Norman Shropshire
Subject: April 2018 Supplemental Invoice
Attachments: image2018-06-26-133046.pdf

Good afternoon,

Attached is a copy of the April 2018 Supplemental invoice for your record.

Please contact me if you have any questions.

Thank You

Norman Shropshire
ES Program Consultant
Dept. Of Children And Family Services
627 N. Fourth St.,5-315
Baton Rouge, LA 70802
Norman.Shropshire@la.gov
Phone (225)219-2742
Fax (225)342-2536

Norman Shropshire

Subject: April 2018 Supplemental Invoice

Good morning,

Attached is a copy of the April 2018 Supplemental invoice for your record. The following revision was made to the attached invoice:

- Adjusted the total Workers Comp Ins. charge from \$530.44 to \$530.43.

Please contact me if you have any questions.

Thank You

Norman Shropshire
ES Program Consultant
Dept. Of Children And Family Services
627 N. Fourth St.,5-315
Baton Rouge, LA 70802
Norman.Shropshire@la.gov
Phone (225)219-2742
Fax (225)342-2536

:



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802


(O) 225.342.4051
(F) 225.342.2536
www.dcfslouisiana.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

Date 06/21/2018

MEMORANDUM

TO: OM&F Fiscal
Contract Payments

FROM: Dora Thomas 
Program Manager

RE: Invoice for payment
PO # 2000234086

Contractor Name: Family Values Resource Institute

Please find attached an invoice for payment.

If you have any questions, contact Norman Shropshire at 225-219-2742.

Attachment



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received

JUN 12 2018

DCFS

Economic Stability

Family Values Resource Institute, Inc,
 Contractor Name

APRIL 2018
 Service Period

7515 Scenic Highway
 Mailing Address

2000234086
 Contract/CFMS#

Baton Rouge, LA 70807
 City, State, Zip

234086 - APRIL 2018 SUPPLEMENT
 Invoice Number

234086-0488

- Barbara Thomas / 225-359-9001
 Contact Person/Telephone Number

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$0.00	\$143,749.93	\$143,749.93	\$28,750.07	
FRINGE BENEFITS	\$22,235.25	\$530.43	\$11,527.21	\$12,057.64	\$10,177.61	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$1,138.45	\$42,361.43	\$43,499.88	\$9,064.87	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,000.00	\$47,780.63	\$51,780.63	\$12,119.37	
OTHER CHARGES	\$216,000.00	\$0.00	\$168,200.00	\$168,200.00	\$47,800.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$5,668.88	\$415,402.10	\$421,070.98	\$108,129.02	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Barbara Thomas
 Signature of Authorized Contractor Representative and Title

6/11/18
 Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
	4274	3740	5071	Line 2	
Program Compliance Approval	Org	Obj	Rep Cat	Sub Obj	ACTV
I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <div style="display: flex; justify-content: space-between;"> <div> <i>Wade Thomas Program Manager</i> Signature and Title of Authorized DCFS Official </div> <div> 6/26/18 Date </div> </div>					

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

FINANCIAL REPORTING INSTRUCTIONS

Column A - Expenditure Category – Enter the expenditure categories required by the contract.

Column B – Approved Budget – Enter the approved budget for the current contract term for the budget categories approved in the contract.

Column C – Current Period Expenditures – Enter the expenditures incurred and paid for the current reporting period.

Column D – Prior Period Expenditures - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

Column E – Cumulative Expenditures To Date – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

Column F – Remaining Balance – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

Column G – Cost Sharing – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

Personnel – Salaries and wages provided for all persons directly employed by the contractor.

Fringe Benefits – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

Travel – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

Operating Services – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

Supplies – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

Professional Services – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

Other Charges – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

Equipment/Acquisitions – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

Indirect Costs – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

DEPARTMENT OF Children and Family Services
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM
Alternatives to Abortion

Received

JUN 12 2018

DCFS
Economic Stability
2000234086

CONTRACTOR: Family Values Resource
Institute, Inc.
ADDRESS: 7515 Scenic Hwy.

CFMS:

Rep. Cat. 5071
Org. 4274

Baton Rouge, La. 70807

MONTH AND YEAR OF
SERVICE

APRIL 2018
SUPPLEMENT

CONTACT PERSON: Barbara Thoma

PHONE: 225-359-9001

COST REIMBURSEMENT: Personne

Staff: Project Director
Project Adm.
Educ. Specialist
Compliance Coordinator
Data Entry Specialist
Client Svcs. Coord./Care
Fringes

Total Invoice
Fringes 530.43 +
Postage 13.45 +
Advertising 1,125.00 +
Auditor 4,000.00 +
5,668.88 *
...0..

Total

SUBTOTAL \$ 530.43

OTHER EXPENSES:

Rent
Utilities
Printing
Copier Lease
Travel
Postage
Office Supplies
Service Provider Trn.
Telephone
Internet
Online Client Database
Accounting/Bookkeeping Services
Subcontractors

\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 13.45
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00

Workers' Comp Insurance Charge (LWCC) - Breakout

Personnel Services

Position/Title	Employee Name	Total		% to Contract	Monthly Salary		Workers' Comp Rate	Bill To Grant
		Salary	Amount		Contract	Amount		
Project Director	Barbara Thomas	4,166.67	90%	3,750.00	3.69%	138.38		
Project Administrator	Michael Ferris	2,916.66	80%	2,333.33	3.69%	86.10		
Compliance Coordinator	Talisha Davis	2,916.66	70%	2,041.66	3.69%	75.34		
Education Specialist	Allison Davis	2,083.33	100%	2,083.33	3.69%	76.87		
Data Entry/Care Provider	Patricia Brown	2,083.33	100%	2,083.33	3.69%	76.87		
Client Svcs Coord/Care Provider	Shirley Walker	2,083.33	100%	2,083.33	3.69%	76.87		
							\$ 530.43	

530.43

530.43

Total Workers' Comp Pgs.
3,750.00 x
3.69 %
138.38 +

2,333.33 x
3.69 %
86.10 +

00.00

2,041.66 x
3.69 %
75.34 +

2,083.33 x
3.69 %
76.87 +

00.00

138.38 +
86.10 +
75.34 +
76.87 +
76.87 +
76.87 +
530.43 *

Total



Auditor + \$4,000.00

LUTHER SPEIGHT & COMPANY, LLC
Certified Public Accountants and Consultants

April 30, 2018

INVOICE# 18-418

CLIENT:

Family Values Research Institute, Inc.

Baton Rouge, Louisiana

SERVICES PERFORMED:

Independent Financial and Compliance Audit

(Including Required Agreed Upon Procedures)

For the Year Ended December 31, 2017

FEE:

Total Fee \$13,750

Less: Retainer (4,000)

Balance Due \$ 9,750

Pd. 4,000.00 5/29/2018

5750.00 New Balance

It is our pleasure to serve as your independent auditors.

New Orleans Office: 1100 Poydras Street, Suite 1225/New Orleans, LA 70163/ (504)561-8600
Baton Rouge Office: 2900 Westfork Drive, Suite 401/Baton Rouge, LA 70827/ (225)275-9100

Advertising \$1,125.00

NOLA MEDIA GROUP

REVISED MEMO INVOICE

BILLING PERIOD		ADVERTISER/CLIENT NAME	
04-01-2018 to 04-30-2018		FAMILY VALUES RESOURCE INSTITUTE INC	
TOTAL AMOUNT DUE		UNAPPLIED AMOUNT	TERMS OF PAYMENT
\$3,375.00			UPON RECEIPT
CURRENT NET AMOUNT DUE	PERIOD 1	PERIOD 2	PERIOD 3
\$1,125.00	\$1,125.00	\$1,125.00	\$0.00
BILLED ACCOUNT NAME AND ADDRESS		REMITTANCE ADDRESS	
FAMILY VALUES RESOURCE INSTITUTE INC PO BOX 74403 BATON ROUGE, LA 70874		NOLA Media Group Dept 77571 PO Box 77000 Detroit MI 48277-0571	
PAGE	BILL DATE		
Page 1 of 1	5/3/2018		
BILLED ACCOUNT NUMBER			
1000843691			
ADVERTISER/CLIENT NUMBER			
1000843691			

BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION

CUSTOMER SERVICE INQUIRIES 877-229-9911

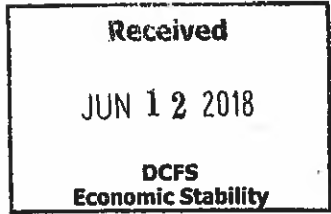
DATE	INTERNAL REFERENCE NUMBER	PRODUCT - DESCRIPTION	UNITS	AMOUNT
Balance Forward				2,250.00
04/15/2018	0008602292-01	Digital Search SEM Local Search 0003886544	Digital	125.00
04/20/2018	0008608125-01	LA_Search Retail Search	Digital	25.00
04/20/2018	0008608126-01	LA_Search Retail Search	Digital	975.00

Advertising \$1,125.00

FAMILY VALUES RESOURCE INSTITUTE INC PO BOX 74403 BATON ROUGE, LA 70874 (225) 359-9001		PER ENVELOPE	1088 84-498/652 01 CHECK
PAY TO THE ORDER OF <u>Nola Media Group</u>		NO MATERIAL	DATE <u>5/29/2018</u>
<u>One thousand one hundred twenty-five + 00/100</u>		\$ <u>1,125.00</u>	DOLLARS
Guaranty Bank NEW YORK, NEW YORK AND TRUST COMPANY			
FOR <u>Acct # 1000843691</u>		<u>April 2018</u>	<u>Barbara J. Thomas</u> (3)
Billings Period			
⑈001088⑈		⑈065204980⑈	⑈088⑈

JPMORGANCHASE BK NA	CR TO NMD
080418 >074909962<	PAYEE ALL
28498253 7757101	RTS RSVD
00966937 054	0000000777177890

Postage



+ 13.45

ISTROUMA
5200 LONGFELLOW DR
BATON ROUGE
LA

70805-2711
2106300966

04/16/2018 (800)275-8777 1:15 PM

Product Sale qty Final Price
Description

PM 1-Day 1 \$7.25

(Domestic)
(BATON ROUGE, LA 70804)

(Weight: 1 Lb 2.30 Oz)
(Expected Delivery Date)

(Tuesday 04/17/2018)
Certified 1 \$3.45

(USPS Certified Mail #)
(7017145000032252573)

Return 1 \$2.75
Receipt

(USPS Return Receipt #)
(9590940230977124057571)

Total \$13.45

Debit Card Remit'd \$13.45
(Card Name: VISA)

(Account #: XXXXXXXXXXXX9477)
(Approval #)

(Transaction #: 913)
(Receipt #: 008515)

(Debit Card Purchase: \$13.45)
(Cash Back: \$0.00)

(Entry Mode: Chip)
(AID: A0000000980840)

(Application Label: US DEBIT)
(PIN: Verified by PIN)

(Cryptogram: 07DC972E5845350D)
(ARC: 00)

(CVR: 420000)
(IAD: 06010A03602000)

(TSI: 6800)
(TVR: 8000048000)

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